

Case Number:	CM15-0101429		
Date Assigned:	06/03/2015	Date of Injury:	01/21/2004
Decision Date:	07/02/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 77 year old male, who sustained an industrial injury on 1/21/04. He reported back pain. The injured worker was diagnosed as having facet-mediated lumbar pain and chronic low back pain/facet osteoarthritis. Treatment to date has included rhizotomy at L3-4 and L4-5 on 11/7/13, which reduced his pain 75% for approximately 1 year and medial branch blocks at L3-4, and L4-5 on 9/12/13. Other treatment included physical therapy and medication including Oxycontin, Norco, Docusate Sodium, and Flexeril cream. A physician's report dated 3/27/15 noted the injured worker's pain was rated as 8/10. A physician's report dated 4/21/15 noted pain was rated as 7/10. The injured worker had been using Flexeril cream since at least 3/27/15. Currently, the injured worker complains of low back pain with radiation of pain, numbness, and weakness down bilateral lower extremities. The treating physician requested authorization for a repeat rhizotomy bilateral L3-4 and L4-5 injection, Docusate Sodium (Senna) 50/8.6mg #30, and Flexeril cream CM2-Cyclobenzaprine 5%.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 Repeat Rhizotomy Bilateral L3-4 and L4-5 Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: According to MTUS guidelines, "there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks". There is no clear objective documentation of pain and function improvement from previous rhizotomy injection. The duration and quantification of the pain relief should be objectively documented. Therefore, the request for 1 Repeat Rhizotomy Bilateral L3-4 and L4-5 Injection is not medically necessary.

1 prescription of Docusate Sodium (Senna) 50/8.6mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Registered Nurses' Association of Ontario (RNAO) Assessment and management of pain. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2013 Dec.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioid induced constipation treatment. (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Opioidinducedconstipationtreatment>).

Decision rationale: According to ODG guidelines, docusate/sennosides is recommended as a second line treatment for opioid induced constipation. The first line measures are increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient's file that the patient developed constipation or that first line measurements were used. Therefore the use of Docusate Sodium 50/8.6mg #30 is not medically necessary.

1 prescription of Flexeril cream CM2-Cyclobenzaprine 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few

randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all components of the prescribed topical analgesic are effective for the treatment of chronic pain. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. Therefore, the request for Flexeril cream CM2-Cyclobenzaprine 5% is not medically necessary.